

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 830306	RECEIPT DATE:	04 / 25 / 01
IA NUMBER:	PCT/ EP99 / 09028	IA FILING DATE:	11 / 12 / 99
FAMILY NAME:	PEARCE	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	DAVID JOHN	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	11 / 13 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	CM00620F	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: MOTOROLA /INC.
INTELLECTUAL PROPERTY DEPARTMENT 3RD FLO
STREET: 1303 E ALGONQUIN ROAD

CITY: SCHAUMBURG
STATE/COUNTRY: IL ZIP: 60196
EMAIL:
APPLICATION TITLES:

MITIGATING ERRORS IN A DISTRIBUTED SPEECH RECOGNITION PROCESS

TAB TO LAST POSITION,PUSH SEND



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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 6704

SERIAL NUMBER 09/830,306	FILING DATE 04/25/2001 RULE	CLASS 704	GROUP ART UNIT 2641	ATTORNEY DOCKET NO. CM00620P
APPLICANTS David John Benjamin Pearce, Hampshire, UNITED KINGDOM; Jon Alastair Gibbs, Hampshire, UNITED KINGDOM;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP99/09028 11/12/1999				
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9824894.1 11/13/1998				
Foreign Priority claimed. <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after net Allowance		STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 2	TOTAL CLAIMS 26
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials:		INDEPENDENT CLAIMS 2		
ADDRESS Jonathan P Meyer Motorola Inc 1303 East Algonquin Road Schaumburg, IL 60196				
TITLE Mitigating errors in a distributed speech recognition process				
FILING FEE RECEIVED 1418	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	